Esta solicitud está también disponible en español. (RIGL 17-19-54) Instructions For Completing the Attached Mail Ballot Application

The attached application is to be completed if you wish to vote by mail ballot in the

ELECTION - JANUARY 18, 2011

Your application must be received at the local board of canvassers in the city or town where you are registered to vote by **4 p.m. on December 28**, **2010.** If you have any questions on how to fill out the attached application, contact your local board of canvassers. The address and phone number of your local board of canvassers is located on the back of these instructions.

To Complete the Attached Application:

BOX A

• All information <u>must</u> be provided for 'Box A.' Be sure to print or type.

<u>BOX B</u> (May be completed when checking category 1, 2, 5, 6 or 7 in 'Box C.')

• If you check #1 or #7 in 'Box C,' provide an address in 'Box B.' Otherwise your ballot will be sent to the local board of canvassers where you are registered to vote.

When completing 'Box B,' be sure to clearly print the <u>entire</u> mailing address needed for you to receive mail at that location.

If your ballot is being mailed to you outside the continental U.S., you are also entitled to have your ballot faxed to you. If you want your ballot faxed and mailed to you, please provide the appropriate fax number in 'Box B.'

• If you check #2 in 'Box C,' provide an address in 'Box B.' Otherwise your ballot will be mailed to you at your voting address listed in 'Box A.'

When completing 'Box B,' be sure to clearly print the <u>entire</u> mailing address needed for you to receive mail at your school.

• If you check #5 or #6 in 'Box C,' you must complete 'Box B' in order to receive a mail ballot.

BOX C

- Indicate the category under which you qualify in 'Box C' by making a mark in the () next to that category.
- Be sure to read all of the information in the category that you check. Provide any additional information in 'Box B' if required.

BOX D

- You must sign your name in full where indicated in this box.
- The application must be notarized, or witnessed by two persons. However, if you have checked off category #7, no witnesses or notary are necessary.

To Return Your Completed Application:

You may separate these instructions from the mail ballot application and you may keep them.

Return your completed application to your local board of canvassers. The address and phone number of your local board of canvassers is located on the back of these instructions.

To Cast Your Ballot:

If you require assistance in the casting of your vote, contact your local board of canvassers when you receive your ballot. By law, you are entitled to assistance by a bi-partisan pair of supervisors.

NOTICE TO APPLICANT!!!

IF ANYONE ATTEMPTS TO INTIMIDATE OR UNDULY INFLUENCE YOU, OR INTERFERE WITH YOUR RIGHT TO VOTE, CONTACT YOUR LOCAL BOARD OF CANVASSERS.

This application is a matter of public record - But your vote is confidential.

"Any person knowingly and willfully making a false application or certification or knowingly and willfully aiding and abetting in the making of a false application or certification shall be guilty of a felony and shall be subject to the penalties provided for in section 17-26-1." [RIGL, 17-20-2(d)]

State of Rhode Island and Providence Plantations Application of Voter for Ballot for ELECTION on JANUARY 18, 2011

COMPLETE HIGHLIGHTED SECTIONS - See Attached Instructions

NOTE: This application must be received by the board of canvassers in your city or town not later than 4 n.m. on December 28, 2010.

Street, City/Town, State

For Offic	ial Use Only
Precinct:	
Date:	
Accepted by:	

your city or tow	wn not later than 4 p.m. on Decem	ber 28, 2010.	Accepted by:	
BOX A: (PR	RINT OR TYPE)	BOX B:	(PRINT OR TYPE)	
Name of Voter		Name of Institution (if applicable)		
Voting Address Address				
RI Address				
City/Town	Zip Code	City/Town	State Zip Code	
Date of Birth	Phone Number	Fax Number (if applica	ble for Box C, category 1 or 7)	
BOX C: I certify that I am eligible for a mail ballot on the following basis: (CHECK ONE ONLY)				
1	from the state on the day of the electivide an out-of-state mailing address in anyassers.		•	
open because of	my status as a student , or spouse of d. Complete BOX B above with your	a student, at an institu	e period of time when the polls are to be tion of higher learning within the state llot will be mailed to address in BOX A.	
() 3. I am incapacitated to such an extent that it would be an undue hardship to vote at the polls because of illness , mental or physical disability , blindness or a serious impairment of mobility . Ballot will be mailed to address in BOX A.				
() 4. I belong to a religion whose tenets forbid secular activity including voting on the day of election. Ballot will be mailed to address in BOX A.				
() 5. I am confined in a hospital, convalescent home, nursing home, rest home or similar institution. Complete BOX B above.				
() 6. I am detained while awaiting trial or imprisoned for a cause other than final conviction of a felony. Complete BOX B above.				
() 7. I am employed or in service intimately connected with military operations or because I am a spouse or dependent of such person. Complete BOX B above or the ballot will be mailed to the local board of canvassers.				
() 8. I am employed by the (a) () state Board of Elections, (b) () Elections Division of the Secretary of State, (c) () a member of the staff of a local canvassing authority or (d) () I am a poll worker assigned to work Election Day outside of my voting district.				
I further state that I am to claim the right to vot	n not a qualified voter of any other of in any other city or town or state.	city or town or state ar	correct to the best of my knowledge. Indicate the description of the	
If unable to sign name because or otherwise, applicant shall m		Signatur	e in Full	
* *	5 1		ses who must sign their names and affix	
	esses or notary are necessary if check			
2 WITNESSES:		NOTARY: Sworn to (or affirmed)	pefore me, this day of, 20	
Sign Name	01			
Street, City/Town, State 2	Ol		Notary Public My Commission Expires:	
Sign Name		(If executed outside	of R.I. by a Notary Public, attest in manner authorized	

by law of place where taken.)